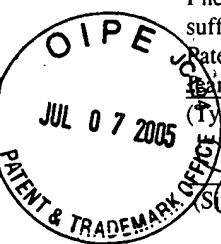


1Pw 2172



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on 5 July 2005

Reanne Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Reanne Camara

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. OR00-00801

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------------------------------|---|--------------------------|
| IN RE PATENT APPLICATION OF |) | |
| |) | |
| Daniel ManHung Wong et al. |) | Examiner: To, Baoquoc N. |
| |) | |
| Serial No. 09/559,171 |) | Group Art Unit: 2172 |
| |) | |
| Filing Date: April 26, 2000 |) | |
| |) | |
| For: SELECTIVELY AUDITING ACCESSES TO |) | |
| ROWS WITHIN A RELATIONAL |) | |
| DATABASE AT A DATABASE SERVER |) | |

TRANSMITTAL LETTER

M/S: Non-Fee Amendment
Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☐ Response under 37 C.F.R. § 1.111 to official action mailed.
- ☐ A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- ☒ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☒ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - ☒ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

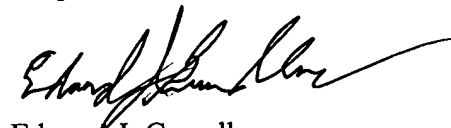
| AMENDED CLAIMS | | | | | |
|------------------------------------------------------------------------|---------------|-------------------------------------------|--------------|----------|---------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | |
| If Amendment adds multiple dependent claims, add \$260.00 | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-00801).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: 5 July 2005